0,0	PLACE
ICIAN	County Fr
PHYSICIANS of statement of	Village or City.
CTLY.	² FU
XAC	PERSO
stated E ly classi	<sup>3</sup> sex Male
AGE should be stated EXACTLY tmay be properly classified. Exact of certificate.	6 DATE OF BIRT
GE shoumay be ck of cer	7 AGE
AGE It ma back	
should be carefully supplied. EATH in plain terms, so that the portant. See instructions on ba	(a) Trade, profes particular kind o (b) General natu business, or est which employed (  BIRTHPLACE Frede
d be ca in plai	10 NAME (
of information should be carefully supplied. AGE should be stated EXACTION IS VETY IMPORTANT IN Plain terms, so that It may be properly classified. FON is very important. See instructions on back of certificate.	U 11 BIRTHE OF FAT (State OF MC)  13 BIRTHE OF MC)  (State OF MC)  (State OF MC)
CA	14 THE ABOVE
state ATI	(Informant)
B.—Every it should	Filed Nur
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Cour	Fr	of DEATH	19517	(79	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 184
Villa		Emmitsburg,	rew Augus		St.; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]
70.	PERSO	ONAL AND STATIS	TICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale	4 color or RACE White	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Writs the word)	Married	16 DATE OF DEATH / OF 29 , 1916 (Month) (Div) (Year
Dec. 17th., 1838.  (Month) (Day) (Year)  7 AGE  11 mes. 12 ds. OR min.?  8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (er employer)  9 BIRTHPLACE (State or a cuntry) Prederick County, Maryland.			17t]	(Year)	that I last saw h in alive on how and that death occurred on the date stated above, at 9.3 mm
			red from }	or min.?	The CAUSE OF DEATH * was as follows:  Advisory Myserical State of Contributory Asserts Secondary  (Buratlef) Tree mos.
TS	10 NAME FATHI	Andrew Ar			(Signed) State & family 19 1
PARENT	OF FATHER (State or country) Maryland  12 Maiden Name OF MOTHER TITED Date 1			r	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN)
	13 BIRTH OF MO (State				OR RECENT RESIDENTS) At placs of death yrs. mes. ds. Stats, yrs. mes.
(Informant) andrew annon Horner			nan Hor	eoge Mer	Where was disease confracted,  If not at place of death?  Former or  uoual resideuce
(Address) Emmitsburg, Maryland.  15 Filed Nov- 50, 1915 M. S. Shuff			, Maryland	MI THAR	DATE OF BURIAL OF REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS  ADDRESS  Summission

[Approved by U. S. Census and Americal, Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Screant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Tealer," etc., without more business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, cte. If the occupation has been changed taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) ' roceru; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, ('ivil But in many cases, If retired from The question (b) A wo-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menination and the preumonia is indefinite); Tuberculosis of lungs, menination of the preumonia is indefinite); Tuberculosis of lungs, menination of the preumonia is indefinite);

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, lelanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shoek," "Urarmia," "Weakness," genital," chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of eause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably "PUERPERAL peritonitis," etc. ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anacmia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. on Nomenclature of the American Medical Association.) (name origin; "Cancer" is less definite; avoid use of or miscarriage as Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion," railway train-accident; The contributory (secondary or intercur-"PUERPERAL septichaemia," State cause Never report mere Revolver wound



N.B.

1 PLACE OF DEATH

Freduck

	124	Registration Dist. No.
Villa	ge or City Stundwick (No,	St; Ward) [If death occurred to a hospital or institution,
	2 FULL NAME J. M. Arvin	give us NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That 1 attended deceased from
	Dec 24 1861	,191, to, 191
7	(Month) (Day) (Year)  F   If LESS than	that I last saw h alive on, 191
7 AG	53 10 \ 1 day, hrs.	and that death occurred on the date stated above, at
	yrsmosds.   ORmin.?	1/2
(8	occupation  Trade, profession, or  Ticular kind of work  Ticular kind of work	Killed & cars
2 (b	) General nature of Industry	dead the
wh	siness, or establishment in ich employed (or employer)	(Ouration) yrs. mes. di
	(State or country) W War	Contributory Secondary
	10 NAME OF Robert avola	(Signed) How (Guration) yra. moa di
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  Makenyur	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
ARE	12 MAIDEN NAME OF MOTHER OF MOTHER	SUICIDAL OF HOMICIDAL.
0.	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
	(Informant) mus J. W. Arrival	Where was disease contracted, If not at place of death?  Former or  uoust residence
15	(Address) Bunswick ml	Brunswick Med Water of Burial
FI	PEGISTRAR	20 UNDERTAKER TO BUNDENK MA
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salcsman, (b) Groccry: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. Housemaid, etc. taken to report specifically the occupations of persons mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return For persons who have no occupation whatever various pursuits can be known. The material worked on may form part If the occupation has been changed If retired from The question "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL" septichumia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), chopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Meastes; Whooping on Nomenclature of the American Medical Association.) Struck by railway The nature of the injury, as fracture of skull, The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere "Atrophy," mound.



supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

carefully supplied.

20

Item of information should be DEATH in plain terms,

CAUSE OF Important.

15

See instructions on back of certificate.

RECORD

PERMANENT

UNFADING INK-THIS WRITE

V. S. No. 1.

PLACE OF DEATH 19519 County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. / 3 /
VHazed City Frederick (No. 179,	Ward)  [If death occurred le a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maried Married Windowed, Write the word)  8 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)  7 AGE If LESS than 1 day,hrs. OR min.?	that I last saw have alive on Nov 20, 1915 and that death occurred on the date stated above, at 7.559 m. The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
Mocssissific  10 NAME OF FATHER  Borron  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  WARDEN NAME OF MOTHER  WARDEN NAME OF MOTHER	(Signed) Transcript (Address) Transcript (Address) Transcript (Address) Transcript (Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. moe. de  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intermant) Frederich 73 Basson  (Address) 1315 22 St Washall	If not at place of death?  Former or osual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Filed 22 Mov , 1910 C ADDRESS REGISTRAN

If more blanks are needed, address State Hegistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Colton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of Illwho receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stalionary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," cugincer, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, perilonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tclanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scotichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Hacmorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or Intercurrent), Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

er, Brook's



0.2		PLACE OF DEATH	19020		
CIAN	Coun	ty Filderico	*************		
LY. PHYSICIANS Exact statement of	Villag	ge or City Jahnsu	ille (No.		
. 0		7			
RECORD EXACTLY sified. Ex		2 FULL NAME	illiam a.		
XA		PERSONAL AND STATE	STICAL PARTICULARS		
ated class	3 SE	14 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)		
hould be state certificate.	6 DA	Same	20th 1		
A EGO	7	(Mc	onth) (Day)		
	7 AG	E	1 day		
AGE AGE back		65 yrs. 5	mos. ds. OR		
WRITE PLAINLY, WITH UNFADING INK—THIS of information should be carefully supplied. Accause of DEATH in plain terms, so that it on is very important. See instructions on back	par (b bus whi	Trade, profession, or Italian that the state of the state	ed Harmer		
UNFADING carefully plain term See instruc	9 81	RTHPLACE (State or country)	nek les		
d be ca		10 NAME OF FATHER	res Buston		
INLY, WIT	STNE	11 BIRTHPLACE OF FATHER (State or country)	Edwich des		
WRITE PLAINL of information o CAUSE OF D ON is very imp	PARENT	12 MAIDEN NAME OF MOTHER	ina Samo		
/RITE PLA f Informat CAUSE O		13 BIRTHPLACE OF MOTHER (State or country)	dirich Oso		
Every item of Its		(Informant) Address)	Bartana Bauthana		
o n	16 FD	10 MN 28, 191 5 6	Phan E. Seas		
Z	z V V V V V V V V V V V V V V V V V V V				

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dis	t. No. /46
ytin ,	Ward)	[If death occurred in a hespital or institution, give its NAME instead of street and number.]
MEDICAL	CERTIFICATE O	F DEATH
16 DATE OF DEATH	Nov.	Z/, 1915 (Year)
Nov. / 2		ended deceased from
that I last saw h.	alive on Mon	20, 1915,
and that death occur	red on the date st	ated above, at 5.0, m.
THE CAUSE OF DEAT	H* was as follow	
Contributory	(Ourelton)	yrs
*State the Diskast Causes, state (1) Mea	(Address) (Addre	in deaths from Violens 2) whether Accidental
SUICIDAL OF HOMICIDAL  1B LENGTH OF RESIDEN OR RECENT RESIDENTS: Ât place of death	CE (FOR HOSPITALS,	INSTITUTIONS, TRANSIENTS,
19 PLACE OF BURIAL OF	Hoods Turo	DATE OF BURIAL
Dutinani 8	Barton	Walterouise

19520

It LESS than

1 day, hrs. OR min.?

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

uife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used Housemaid, etc. If the occupation has been changed employed, as At school or "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and quality as ACCIDENTAL, suicidal, or homicidal, or as probably such, if impossible surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Auxidental drowning; "PUERPERAL perilonilis," etc. birth or miscarriage as "PUERPERAL sephichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver State cause Never report mere (Recommendations "Exhaustion," mound.



S. No. 1.

MARGIN

IANS ent of	Cour	7	derick	1 v/ 1	(1)3		TATE OF MA	
HYSICI			4		2	1 200 14	Registration D	ist. No. / 31
Exact	Villa		Frederies	6 (No. 4)	Baun	/	St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
XA fied	PERSONAL AND STATISTICAL PARTICULARS				MEDICA	L CERTIFICATE	OF DEATH	
tated EXAC y classified.	Male While Strokes Mannies Miloner			18 DATE OF DEATH	Nonube (Month)	N 18, 1918 (Day) (Year)		
nould be st be properly certificate	6 DA	TE OF BIRT	alp		1840		, 191 J, to	tended deceased from
o × o	7 AGE  1 If LESS than 1 day, hrs. 25 yrs. 6 mos. 8 ds. OR min.?  8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry			and that death occur The CAUSE OF DEAT	rred on the date s	tated above, at 3 3 n		
so that				under	a bauro	Relay mos		
carefully sullain terms,		State or cour	ntry) Jerma		A TICH	Contributory Beendary	Q (Dusellon)	yre mos e
EATH in p	10 NAME OF FATHER Romas Rammyardner  11 BIRTHPLACE OF FATHER (State or country) Learnery  12 MAIDEN NAME OF MOTHER ROMANDER  13 BIRTHPLACE OF MOTHER (State or country) Learnery.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		CAUSES, state (1) Mr	BE CAUSING DEATH, OF	in deaths from Violent (2) whether ACCIDENTAL,			
CAUSE OF D			OR RECENT RESIDENTS	NCE (FOR HOSPITALS, p)  In the	INSTITUTIONS, TRANSIENT			
state PATIO		(Informant) Les D. Jaumgardner			Former or usual reeldance			
should sta	(Address) & Markex St) Lyperich Mg			MX Olive See 20 UNDERTAKER	remelony	DATE OF BURIAL		
Z W	rs	Б <b>и</b>	) If your blacks		REGISTRAR	lololo	Darly	



[Approved by U. S. Census and American Public Health Association.]

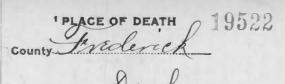
wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question 6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal minc, etc. the second statement. is very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hærnorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Mcasles; Whooping on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childon statement of cause of death approved by Committee or miscarriage as "Puerperal septichaemia," The nature of the injury, as fracture of skull The contributory (seeondary or intercur-State cause for which wound



Statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. Exact properly classified. should be UNFADING INK-THIS AGE carefully supplied. See Instructions on back of certificate. WRITE PLAINLY, WITH should be CAUSE OF DEATH in plain terms. N. B.-Every Item of Information Important.





### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No

2FULL NAME ada Suith	Brown  St.; Ward)  A hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEE 4 COLOR OR RACE SINCLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH NOV. 15 ,1915 - (Month) (Day (Year)
6 DATE OF BIRTH  (Month)  (Day  (Year)	that I last saw h. ex alive on Mov 15-th, 1915-
TAGE  3/ 9 mos 27 ds. OR min.?	and that death occurred on the date stated above, at 42 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work,	<b>S</b> elampsia
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Clied Bull mos 5-8 ds.
10 NAME OF FATHER Herace H. Smith	(Signed) (Signed) (Address) Adams town &
Z (State or country) Maryland,  12 MAIDEN AME OF MOTHER  10 MOTHER  11 MAIDEN  12 MAIDEN  12 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER	(State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Manyland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS) At place In the of death yrs, mos ds
(Informant) Poly Brown  (Address) Doube, Md.	Where was disease contracted, If not at place of death?  Former or usual residence  19 PLACE OF BURNAL PREMOVAL  DATE OF BURNAL  AVV. / S. 101
Filed Mov. 16, 1915 T. Olyd / Intern BEGISTRAR	20 UNDERTAKER  M. Ctchism  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers who have no occupation whatever, write None. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genital," "Scnile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCINENTAL, SUICINAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report "Contributory." The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of For vio-



V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
Coun	oy Frederick	CERTIFICATE OF DEATH  Registration Dist. No. 140
Villag	ge or City Myersville (No. , )	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 O I HEREBY CERTIFY. That I attended deceased from
6 DA	TE OF BIRTH  May 28 1848  (Month) (Day) (Year)	that I last saw h & alive on Pov. 10 1915
7 AG		and that death occurred on the date stated above, at 7.344,n The CAUSE OF DEATH * was as follows:
par (b) bus	CCUPATION ) Trade, profession, or licular kind of work    General nature of Industry   liness, or establishment in   ch employed (or employer)	(Buration) yrs mos #
BI	RTHPLACE (State or country) M.L.	Secondary  Secondary  Seart  S
	10 NAME OF LEWIS Routzahn	Secondary  Seart  Sequely yes mos d  (Signod) Rafth Frewing M.
	10 NAME OF Servis Routahn  11 BIRTHPLACE OF FATHER (State or country)	Secondary  Seart  Sequellers  (Ourglion) yrs mos d
PARENTS	10 NAME OF FATHER LEWIS Poutsahn	Secondary  Most of Secondary  Secondary  Most of Secondary  Secondary  Most of Secon
PARENTS	10 NAME OF FATHER Lewis Routsahn  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER COA Coblemby  13 BIRTHPLACE OF MOTHER	Secondary  Most of Courseload  Most of Courseload  Secondary  Most of Courseload  Most of Courseload  Secondary  Mos
PARENTS	10 NAME OF FATHER Lewis Routzahn  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER COA Coblemby  13 BIRTHPLACE OF MOTHER (State or country)  14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Secondary



[Approved by U. S. Census and American Public Health
Association.]

write None. state occupation at beginning of illness. or given up on account of the Disease Causing Death, engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired Housemaid, etc. employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekrepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer mobile foctory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed At home. Care should be Locomolive If retired from engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, and consequences of g., sepsis, telenius) may be stated Struck by roilway train—accident; Revolver wound of head—homicide; Potsoned by carbolar acid—probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which birth or misearriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," nephritis, etc. cough; Chronic valvular heart discose; Chranic interstitial chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. "Tumor" for malignant neoplasius); Measlis; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... Always qualify all diseases resulting from child-"Senile," etc.), (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurg., sepsis; telanus) may be stated as "Puenpenal septichaemia," "Dropsy," "Exhaustion,"



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STACTLY. PHYSICIANS should state statement of OCCUPATION is very A-PERMANENT RECORD stated EXACTLY. may be properly classifled. UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF Important. PLACE OF DEATH 19524



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City man hount Airy (No.

..St.;.....Ward)

[If death occurred in a hospital or Institution,

	LL NAME Mary Am	MEDICAL CERTIFICATE OF DEATH
Fernal Preps Single,  MARRIED, WIDOWED, ORDIVORCED (Write the word)		Month) (Day (Year)
6 DATE OF BIRT	H Jan 1 , 1889	17 I HEREBY CERTIFY, That I attended deceased from  July 2, 1915, to Nurve 2, 1915,  that I last saw has alive on Nurve 10, 1915
8 OCCUPATION (a) Trade, profession	6. yrs. 10. mos. 12. ds. or min.?	and that death occurred on the date stated above, at 6 m.  The CAUSE OF DEATH* was as follows:  Pulsmon any Tulerculosia
particular kind of w (b) General nature business, or estab which employed (or BIRTHPLACE (State or con	of industry, lishment in employer)	(Duration) yrs 6 mos ds.  Contributory Secondary
11 BIRTHPI OF FAT (State of MAIDEN OF MO	Robert Butter.  LACE HER OF COUNTRY) Mary Rund	(Signed)
13 BIRTHPI	ACE HER Maryland.	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death? Former or usual residence.
(Address)	V Ridgeville Mod.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Woodwills Md. Nov. 14, 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Antomobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Can childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Niarasthenla." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: valvalar heart disease; Chronic interstitial nephritis; cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probability which surgical operation was undertakeu. For viois less definite; avoid use of "Tumor" for mulig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles "Seuile," may be stated under the head (Recommendations on statement of (disease eausing death), 29 etc.), "Dropsy," "Exhaustion," Never report



PLACE OF DEATH	STATE OF MARYLAND
County Hredorick	CERTIFICATE OF DEATH
Montevne Hospital	Registration Dist. No.
Village or City (No	St.; Ward)  [It death occorred in a hospital or institution, give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SFY 4 COLOR OR BACE 5 SINGLE,	16 DATE OF DEATH VALUE 1 01/4
Male White opposets (Write the word)	(Month) (Day (Year)  17   hereby certify. That I attended deceased from
August 5th, 1842	Nov, 2" 1915 to Nov, 24" 1915.  that I last saw hampalive on Nov 2 3 1915
(Month) (Day (Year)  7 AGE If LESS than	and that death occurred on the date stated above, at H. A.m.
73 yrs 3 mos 8 ds or min.?	The CAUSE OF DEATH* was as follows:
* OCCUPATION (a) Trade, protession, or particular kind of work.  (b) General nature of industry,	- Crima
business, or establishment in which amployed (or ompioyer)	(Duration) yrs. mos. 2 ds.
9 BIRTHPLACE (State or country), Mid	Secondary (Doration) yrs 1 tmos ds.
10 NAME OF FATHER Do Not Knows	(Signed) BOHLown , M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Elizabeth Beard	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)  Md	At place of death yrs, mos. 32 ds. State yrs, mos. ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (interment) Supply	Where was disease contracted, If not at piace of death?  Former or usual residence
(Address) Moulevue Hosfutal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed // 24, 19 J. J. Joaller are	29 UNDERTAKER May Chief NOV 26, 1918
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. mine, etc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tlon is very Important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomeneiainjury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "l'UERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. is iess definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from Measics (disease causing (Recommendations on statement of death), 29 ds.; For Vio-



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RECORD PERMANENT 00 back Instructions DEATH See jo LO mportant. Every

PLACE OF DEATH STATE OF MARYLAND nedone CERTIFICATE OF DEATH Registration Dist. No. .....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED, (Month) Write the word) HEREBY CERTIFY That I attended deceased (Month) (Day 7 AGE If LESS than 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Benerat nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place MOTHER DATE OF BURIAL 16 ADDRESS

REGISTRAR

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a hospital or institution. give its NAME instead of street end number.]

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanttion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent). Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report Ex-



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CTLY. P		<sup>2</sup> FUL	L NAME	G.	eorge	15.
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properly	6 DA	E OF BIRTH	1			
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carefully supplied.	(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (er employer)  BIRTHPLACE (State or country)					
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TON N	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
state		(Informant)	Annie	Wo	odya	rd
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PLACE OF DEATH



19526

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dis	t. No
Sixth st.; 3 Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH NOW (Month)	2/ ,1916\(\text{(Day)}\) (Year)
17   HEREBY CERTIFY, That I att	1-21, 1915,
that I last saw name alive on	- 20 , 191.5,
and that death occurred on the date sto The CAUSE OF DEATH * was as follow	
Hernia (stra	ngulated)
Secondary Secondary	00000000000000000000000000000000000000
(Signed) 6.5. (Syration)	ofes M.O.
11-25 (Address)	edt, md.
*State the Disease Causing Dwath, or, Causes, state (1) Means of Injury; and Suicidal or Homicidal.	in deaths from Violent (2) whether Accidental,
Where wee disease contracted, if not at place of death?	INSTITUTIONS, TRANSIENTS,
Former er usual repidence	
19 PLACE OF BURIAL OR REMOVAL	Nova3, 101.5
20 UNDERTAKER	ADDRESS
( P) POP.	(G)

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Scrvant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the write None. business, that fact may be indicated thus: Farmer (retired Housemaid, ctc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more engineer, Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, Stationary fireman, etc. The material worked on may form part Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from

unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroterm for the same disease. Examples: eausing death (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE and eausation), using always the same accepted pneumonia, Bronchopneumonia ("Pneumonia," Cerebrospinal

> genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUIGIDAL, or HOMIGIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee to determine definitely. Examples: Accidental drowning; by railway train--accident; Revolver wound "Atrophy," "Col-ACCIDENTAL, important. ("Con-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

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RECORD

EXACTLY.

supplied.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 14 J St.:...Ward) a hospital or institution. give its NAME Instead of streef and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED, Married 16 DATE OF DEATH ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Dav 7 AGE If LESS than and that death occurred on the date stated above, st 1 day .....hrs. properly BOCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of industry, business, or establishment in may which employed (or employer) ..... certificate. Contributory 9 BIRTHPLACE # Secondary (State or country) 10 NAME OF FATHER 20 5 ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 2 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. DEATH State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ Where was disease contracted. If not at place of death?..... OF Every Item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ilf death occurred in



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal eated thus: CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Gröcery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," engineer. (4)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of thre of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronie eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart fallnre," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. calvular heart discase; Chronic interstitial nephritis, "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED MARGIN V. S. No. 1.

County Recelerates 19576	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 130
Village or City Hofre Hell (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Servey le MARRIED, WIDDWED OR DIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
7 AGE   West   Start   1   1   1   1   1   1   1   1   1	that I last saw h allve on Nov 28 , 1915, and that death occurred on the date stated above, at 212 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Conversion Secondary
10 NAME OF FATHER Arthur Dieggs  11 BIRTHPLACE OF FATHER (State or country) Moundand  12 Maiden NAME OF MOTHER Deisy Hollans	(Signed) (State the Disease Causing Dhath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Moorpland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Attices Diggs	At place in the of death yes mass, ds, State, yes, mee, de Where was disease contracted, if not at place of death?
(Address) Hoofre Holle 15 FHED Mod. 291/T Clyd Mulson REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  10 PLACE OF BURIAL  10 PLACE OF BUR
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesmon, (b) Grocery; (o) Foreman, (b) Autobusiness, or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed write None. Statement of Occupation -- Precise statement of occupamany occupations a single word or term on For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from should be

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, meninungualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use "of under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which ete., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), lapse," "Coma," "Convulsions," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heort disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic Struck to determine definitely. Examples: Accidental drowning; or miscarriage as "Puerperal schichocmia," by railway train-accident; Revolver wound Always qualify all diseases resulting from child-(merely symptomatic), "Atropus, The contributory (secondary or intercur-"Dropsy," "Atrophy," "Colacid—probably "Exhaustion," ("Con-



V. S. No. 1.

1 PLACE OF DEATH

00		PLACE OF DEATH	STATE OF MARYLAND
P AN	Coun	Jordoneals 19000	CERTIFICATE OF DEATH
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YS		n 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Registration Dist. No.
Y. PHY xact sta	Villa	or city Hredereck (No. 27,	Ward)  [If death occurred in a hospital or institution, give its NAME instead
CTC.		FULL NAME Toillian 6	Weeko all of street and number.]
EXA		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
tated E	3 SE	4 COLOR OR RACE SINGLE, MARRIEO, WIOOWEO OR OIVORCED (Write the word)	16 DATE OF OEATH  (Month) (Day) (Year)
properl	6 OA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
ould be pro	1.	(Marth) (Day)	that I last saw h a alive on 1915
sh of c	7 AG	E If LESS	and that death occurred on the date stated above, at 323 m
AGE it ma back		yrs. / mos. 3 ds. OR m	The CAUSE OF DEATH & was as follows:
that on	8 00	CCUPATION ) Trade, profession, or	<b>D</b> .,
Soons	par	) General nature of lodustry	Alabrel Preuminia
y su	bus	siness, or establishment in ich employer)	(Ourstian) yrs. mas. 8 di
terms struct	-	IRTHPLACE (State or country)	Contributory Secondary
care lain ee In		(State or country) Mangland	(Burstien) yrs. mas d
og n		10 NAME OF Wilson Dewel	(Signed) Douver !M.
TH	15	11 BIRTHPLACE	Here, 2 mg, 1915 (Address) Trederice mg
DEAT	RENTS	OF FATHER (State or country)  12 MAIOEN NAME	State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
o F	PA	OF MOTHER Cellian Johnson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
USE Is ver		13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place in the ef death yrs. mes. de. State, yrs. mos. de
SC	14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
state		(Informant) Wilkon Dewall	Former er usuel residence
Every It		(Address) &7 Brewes St.	19 PLACE OF BURIAL OR REMOVAL  OATE OF BURIAL  MOUS 1915
B.—E	15 File	ed S Not 1980 Class Mis Com	20 UNOERTAKER ADDRESS
Z		If more blanks are needed, address State Regis	(rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, Women at home, who are engaged in Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICINAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent neaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. symptoms or terminal eonditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitud nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intereur-"Dropsy," "Exhaustion," carbolic acid-probably Never report mere ACCIDENTAL,



EXACTLY, PHYSICIANS sified, Exact statement of RECORD AGE should be stated EXAC it may be properly classified. PERSONAL MARRIED, WIDOWED OR DIVORCED (Write the word) 3 SEX 4 COLOR OR RACE PERMANENT BINDING plain terms, so that it mer estilificate: See instructions on back of certificate: 6 DATE OF BIRTH (Month) (Day) 7 AGE 01 3 GE 0 -THIS supplied. occupation (a) Trade, profession, RESERVED N.Y particular kind of (b) General nature of industry business, or establishment to UNFADING carefully which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF should be FATHER WITH ATH in MARGIN Important U 11 BIRTHPLACE OF FATHER (State or country) PARENT PLAINLY. OPDE of information e CAUSE OF D 12 MAIDEN NAME OF MOTHER should state CAUSE OCCUPATION is very 13 BIRTHPLACE OF MOTHER (State or country WRITE TO THE Every item (Address) 15 No. 8 00 ż >

OF DEATH



16 DATE O

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Nov.

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At place

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If LESS than

1 day, hrs.

mla. ?

19528

### STATE OF MARVIAND

DIAIL OF MAKE	LAND
CERTIFICATE OF	DEATH
Registration Dist.	No./43
sterday.	[If death occurred in a hospital or institution, give its HAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
F DEATH OV. (Month)	//th , 1915
HEREBY GERTIFY, That I attom  1. 1915, to AN  t saw ham alive on AN	ded deceased from
leath occurred on the date state	
E OF DEATH * was as follows:	
astrie Carcinos	v.v.
(Buretice)	yre. 6 moe de.
outory	>>>>==================================
2th 181 (Address) for the Disease Causing Dwitt, or, in costate (1) Means of Injury; and (2) or Homicidal.	leaths from VIOLENT whether Accidental,
OF RESIDENCE (FOR HOSPITALS, INST IT RESIDENTS) In tha	
VI TOOR	
F BURIAL OR REMOVAL  AREA  ARE	TE OF BURIAL  M. /41913

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," ctc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. applies to each and every person, irrespective of age. Statement of Occupation -- Precise statement of occupa-For persons who have no occupation whatever, Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," Example: Measles (disease eausing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, ctc., Carcinoma, Sarcoma, etc., of..... on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the "Anacmia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," "Tumor" for malignant neoplasms); Measles; Whoaping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) or miscarriage as "Puerperal septichaemia," "Coma," carbolic acid-probably "Atrophy," "Colimportant.



N. B.

1	PLAGE OF DEATH 19529	STATE OF MARYLAND CERTIFICATE OF DEATH
Cou	unty C	Registration Dist. No. 139
****	2 FULL NAME author Herges	St.; Ward)  [It death occurred is a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	4 COLOR OR RAGE  Single, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	10 DATE OF DEATH WU 3 , 1915 (Month) (Day (Year)
8 D/	Sept 13 1883	that I last saw h. 100 alive on May 3 1915.
TAC	(Month) (Day (Year)  32 yrs 2 mos 20 ds. OR min.?	snd that death occurred on the date stated above, at
(a) pat (b) busi whi	CCUPATION OTrade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in ch employed (or employer)	for with Sundy acut from in histrange forms arm face become being which which you which have been been been which gother has up stains he best with the contributory as bear histories.
	10 NAME OF FATHER CHAMISS YOURSON	(Signed) Acade (Address) State Starten In
PARENTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)  Myhun  (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
	(Interment) (Interment)	Where was disease contracted, It not at place of death?  Former or usual residence
16 File	REGISTRAR	20 UNDERTAKER  TO UND
0	Guel as Sub Register by aucho	my of the George my heart offered



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. applies to each aud every person, irrespective of age. statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst liue will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Seuile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciture of the American Medical Association.) ".Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds., may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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### PLACE OF DEATH



REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.

St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH.
16 DATE OF DEATH NOV (Month)	(Day (Year)
17 I HEREBY CERTIFY, That I a  August 191/2 to 200  that I last saw h alive on M/8 5	), 191 <i></i> ,
and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	
Cerebral Henry	unlige
Contributory Lundral activia.	
(Signed) C. A. Muchine  27, 1915 (Address) Shie	yrs mos ds.
*State the DISEASE CAUSING DEATH, or, It CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	n deaths from VIOLENT (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place in the ot death yrs	STITUTIONS, TRANSIENTS,
PPLACE OF BURIAL OR REMOVAL  At Sucolos Cernetery A	PATE OF BURIAL
29 UNDERTAKER	ADDRESS Pressoro

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than t day,.....hrs. OCCUPATION (a) Trade, protession, or (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE KNOWLEDGE (Intermant) (Address). 15

S. No.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner; (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never returu "Laborer," Farmer (retired 6 yrs.) For persons But lu many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—It respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and eonsequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease eausing death), 29 ds,; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertakeu. mia," "PUERPERAL peritonitis," etc. State eause for eause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent). is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"



PLACE OF DEATH	19531	STATE OF MA	
County	7	Registration D	1211
Village or City MMLS (	of me	St; Ward)	[If death occurred in a hespital or institution, give its MAME instead of street and number.]
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
mole schanon pace	MARRIED, WIDOWED OR DIVORCED MANUEL	16 DATE OF DEATH MM (Month)	(Day) , 191
6 DATE OF BIRTH MAN	29,1870	A that I last saw h malive on	ttended deceased from
7 AGE	If LESS than   1 day, hrs.   OR min. ?	and that death occurred on the date s The CAUSE OF DEATH * was as follo	100
(a) Trade, profession, or particular kind of work (b) General nature of industry	ntist	voite myo	corditis
business, or establishment in which employed (or employer)		(Burattog)	my one .
9 BIRTHPLACE (State or country)	town Pu	Contributory (100) - Proceedings (Indianal Contributory)	13-13
10 NAME OF FATHER CANY	K. Forema	(Signed) CypyRe	Lamison.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	nont mo	*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; and SUICIDAL or HOMICIDAL.	r, in deaths from VIOLENT (2) whether ACCIDENTAL,
OF MOTHER STORY	Brawner.	18 LENGTH OF RESIDENCE (FOR HOSPITALS,	
13 BIRTHPLACE OF MOTHER (State or country)	Co mit	At pisce in the	s,yrsmos ds.
(Informant) TRUE TO THE BEST	JAMES CONTRACT	finet at piece of death?	
(Address) Emmis	bry mot	PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
FRed MN-2, 1915-77	J. F. Shuff	20 UNDERTAKER Shulf	ADDRESS Thurs
If more blanks ar	7,000	16 W. Saratoga St., Balto., Requesting V. S. No. 1	Ma



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons employed, as Al school or Al home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager." "Pealer." of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) rocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever Never return "Laborer," etc., without more If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; mus," "Old Age," "Shock," "Ursemia," "Weakness," "Anaemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. cough; Chronic valvulur heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUBLIFERAL septichaemia," cause. Always qualify all diseases resulting from chiklctc., when a definite disease can be ascertained as the genital," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for unlignant neoplasms); Measles; Whooping "Heart failure," "H emorrhage," "Inanition," "Marasby railway train-accident; Revolver "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercur-State cause for which wound



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Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p See instructions on back of certificate.

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RECORD

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(No......St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.

FULL NAME Ansan Malilda	Larrott
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH  DZC. 2/ 1845  (Month) (Day) (Year)  7 AGE	that I last saw he alive on 254, 1915, and that death occurred on the date stated above, at 4, 0, m.
6 OCCUPATION (a) Trade, protession, or Retired Dohool Cacher	The GAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Mannla	(Duration) yrs mos ds.  Contributory (Secondary)
of 11 BIRTHPLACE  11 BIRTHPLACE  11 BIRTHPLACE  12 DE FATHER	(Signed) Jus la Sapping , M. D.  107 25, 1915 (Address) Libral Lonin Lice
OF FATHER (State or country) Many Cauch  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Manyland	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) At place In the ot death
(Informant) The Jacob Page Con	It not at place of death?  Former or usual residence
(Address) Liberty form Ind.	Marks Sectional Date of Burial  Marks Sectionally Thor 27 191  20 UNDERTAKER  Albaugh & Powell  ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

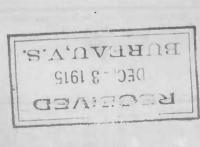


[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: the nature of the business or industry, and therefore an been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc.. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative meaithfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. childbigth or miscarriage, as "Puerrenal scottchae cause. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is iess definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



3	ANE	XACTL
	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	of information should be carciully supplied. AGE should be stated EXACTL DEATH in plain terms, so that it may be properly classified. Exact statem
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13 BIRTHPLACE OF MOTHER (State or country)

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RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Fraclence 12 Registration Dist. No. 145 Ilf death occurred in ....Ward) a hospital or Institution, give its NAME Instead PrEELL of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCEO (Write the word) (Dav I HEREBY CERTIFY, That I attended deceased from hor - 24 (Year) TAGE If LESS than and that death occurred on the date stated above, at 3 1 day hrs. The CAUSE OF DEATH\* was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE Nev 25 1915 (Address) / Reace ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER ( 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

۱	OR RECENT RESIDENTS)				
	At place	In the			
ı	of death yrs mos ds.	State	yrs,	mos.	di
Ī	Where was disease contracted.				

If not at place of death? Former or

usual residence.

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DATE OF BURIAL nov. 26, 1915

20 UNDERTAKER

ADDRESS

Af more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL; SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-The contributory (Recommendations on statement of (secondary or intercurrent)



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HYSICIANS statement of	County There 19534	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4/
Exact	Village or City 311111111111 (No	St; Ward)  [If death eccerred in a hospitat or institution, give its NAME instead of street and number.]
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nould be stated EXAC be properly classified, certificate,	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 I, HEREBY CERTIFY, That I attended deceased from 191
AGE shoult may be back of cer	(Month) (Day) (Year)  7 AGE  If LESS then 1 day, hrs. yrs. mbs. ds. OR mla.?	that I last saw h alive on 191 and that death occurred on the date stated above, at m The CAUSE OF DEATH * was as follows:
carefully supplied. ain terms, so that se instructions on	(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Burstlen) yrs. mos. ds  Contributory Secondary
Iformation should be USE OF DEATH in pl	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Molecular of Molecular of Homicidal.  (Address)  (Address)  (Address)  (CAUSES, State (1) Molecular of Injury; and (2) whether Accidental, Suicidal of Homicidal.  (Suicidal of Homicidal.  (Buration)  (Address)  (A
Every item of ir should state CA OCCUPATION	(Informant) Branzwick  (Address)	Where was disease contrasted, If not at piece of deeth?  Former or  USUAL residence  19 PLACE OF BURIAL OR REMOVAL  ATT 191.0
N. B	Filed Hr 11 , 1910 Venu West  REGISTRAR  If more blanks are needed, address State Registrar,	20 UNDERTAKER C. N. Jus Vider. 1 Address Braunswork 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Scrvant, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed At home. Carc should be Locomotive engineer, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing dearn (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia," Lobar meamonia. Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated heud-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," ctc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronie interstitial "Tumor" for malignant neoplasms); Measles; Whooping Struck by to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Maras-"," "Old Age," "Shock," "Uraemia," "Weakness," or miscarriage as "Puerperal seplichaemia," The nature of the injury, as fracture of skull, railway train-accident; Revolver State cause for which Never report mere "Exhaustion," wound of



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RECORD

19535 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in Ward) a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE, Married 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 191 (Day ORDIVORGED (Write the word) (Month) (Year) 17 HEREBY GERTIFY, That I attended deceased from DATE OF BIRTH 7 AGE If LESS than and that death occurred on the date stated above, at f day,....hrs. The CAUSE OF DEATH\* was as lollows: min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE 191.1. (Address) Walle ARENT OF FATHER (State or countr \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_ mos. \_ ds. State \_\_\_\_ yrs. \_ Where was disease contracted. 14 THE ABOVE IS If not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 L. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as fication as Day-laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the dispasse causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic IENT DEATHS State MEANS OF INLUBY and qualify as mia," "PUERPERAL peritonities," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus,". "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-acci-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [It death occurred in .Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 30 5 SINGLE, 3 SEX MARRIED. WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from B DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS Than and that death occurred on the date stated above, at 1 a m. 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Frade, protession, or Sparticular kind of work. (b) General nature of industry. business, or establishment in which amployed (or amployer) ..... Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE L OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death ...... yrs. ..... mos. ..... ds. State ...... yrs, ..... mos. ..... ds. Where was disease contracted. 14 THE ABOVE IS It not at place of death? Former or (Intermant) ... usual residence. REMOVAL DATE OF BURIAL (Address) 15 29 UNDERTAKER ADDRESS

real REGISTRAR If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails: ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Purprenal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



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V. S. No. 1.

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Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD N. B.-

PLACE OF DEATH 19537 (G)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. / 9/
*FULL NAME Educa Jac	give its NAME lostead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Grande Color or race Stringle, Lengte Married, Wisower, Wisower, Write the word)  6 DATE OF BIRTH  Freb 22, 1913  (Month) (Day (Year))  7 AGE	16 DATE OF DEATH  Nov 19, 1915  (Month) (Day (Year))  17 I hereby Certify, That I attended deceased from Move 14, 1915, to Mov. 114, 1915  that I last saw here alive on Mov. 1945, 1915
2 yrs 8 mos 27 ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	Coberahl Freuminia
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Meangloseuce  10 NAME OF FATHER  Conace fackson  11 BIRTHPLACE OF FATHER (State or country)  L  Maiden NAME OF MOTHER  Melouse  12 Maiden NAME OF MOTHER  Melouse  M	(Signed)  (Signe
13 BIRTHPLACE OF MOTHER	or RECENT RESIDENTS) At place In the

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II	of death yrs mos ds.	State	Yrs.	mos.
	Where was disease contracted,			
ll	It not at place of death?	*************		

Former or osual residence

DATE OF BURIAL

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ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Iyphoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercussis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "I'UERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asiffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertalued as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Bounne



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### STATE OF MARYLAND

CERTIFICATE OF DEATH

n Dist.	No. /3/
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	n deaths from VIOLENT (2) whether Acciden-
lo the	STITUTIONS, TRANSIENTS.
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman," (4)

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sensis, tetanus) may be stated under the head by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent.) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; ctc. State cause for "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC. 6 1015

V. S. No. 1.

1 PLACE OF DEATH

INS		The Grederich 19539	STATE OF MARYLAND CERTIFICATE OF DEATH
(SICI)	Coun		Registration Dist. No
Exact sta	VIIIa		Linchart st.; 3 Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
XAC		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated Ely classi	3 SE	4 COLOR OR RACE 5 SINGLE, Scrigle MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  Nov 2, 1915 (Month) (Day) (Year)
ould be proper	6 DA	(Mosch) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from  1915, to Nov. 125, 1915,  that I last saw here alive on Nov. 12th, 1915,
AGE sho	7 AG		and that death occurred on the date stated above, a Pm. The CAUSE OF DEATH * was as follows:
s, so that tions on	pat (b	CCUPATION  1) Trade, profession, or rilcular kind of work  1) General nature of lodustry siness, or establishment in	Freumonia
arefully ain term e instruc	wh	ich emplayed (or employer)  IRTHPLACE (State or country)  Meangland	Contributory Monday  Secondary  Bursten
uld be c	2	10 NAME OF FATHER Honace Jackson	(Signed) Oll G. Bine M. O.  Nov 13 4, 1913 (Address) Delice of med
F DEA	PARENT	OF FATHER (State or country) Virginia  12 MAIDEN NAME OF MOTHER Annie, Helenas	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
Informa CAUSE C N is very		13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE 1S TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the effection of deathyrsmesds. Stele,yrsmesds.
state (		(Informant) Horace Jackson	ff not at place of death?  Former or  escal residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
should OCCUR	15	(Address) 609, Milandians St.	Joseph Con Jon Jan John Jon Jan Jon Jan Jon Jan Jon Jan Jan Jan Jan Jan Jan Jan Jan Jan Ja
œ œ	File	REGISTRAS  If more blanks are needed, address State Registrar,	Thomas Ti Rice Firederick

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, taken to report specifically the occupations of persons Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part d statement. Never return "Laborer," Women at home, who are engaged in If retired from Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "Puenperal septichuemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Mcasles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The eontributory (secondary or intercur-"Dropsy," "Exhaustion," carbolic Never report mere acid-probably ("Con-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.;....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED. WIDOWED. (Month) ORDIVERCED (Write the word) I HEREBY CERTIFY, That, I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Quration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. .... mos. .... Where was disease contracted. if not at place of death? Former or usual residence 15 20 UNDERTAKER

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ilf death occurred in

(Year)

a hospital or institution, give its NAME instead of street and number.]

DATE OF BURIAL

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day taborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (8)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scottichaeample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis, ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anacmia" (merety symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 PLACE OF DEATH STATE OF MARYLAND knederiak CERTIFICATE OF DEATH Registration Dist. No ... fif death occurred in a hospital or institution. give Its NAME Instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF GEATH 4 COLOR OR RACE MARRIED, morrieo WICOWEO OR OIVORCED HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH noum (Day) (Year) 7 AGE If LESS than 1 day, hrs. mlo.? OR mos. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER 11 BIRTHPLACE ENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, AR 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE In the At piace OF MOTHER of death State. (State or country) .....уте. Where was discess contracted, if nel si piece of death? Former or usual residence PLACE OF BURIAL OR REMOV OF BURIAL . 191. 15 20 UNDERTAKER AODRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puehperal sephichiemia," The contributory (secondary or intercur-Examples: Accidental drowning; "Dropsy," State cause for which Never report merc "Exhaustion," important.



V. S. No. 1.

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N PERMANENT	hould be stated be properly cla certificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	em of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS tate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ATION is very important. See instructions on back of certificate.
H UNFADING	be carefully sun plain terms,
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Village or City Try Ceric Clare (No. 453)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or inslifution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWEO OR OLVORGEO (Write the word)	16 OATE OF OEATH // 6, 191c (Month) (Day) (Year)
6 OATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on ,191 ,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
yrs. mos. ds, OR min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or	for for for former of the Donath of the grant of the gran
particular kind of work  (b) General nature of lodustry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Mull	(Oursilon) yrs. mos. ds.  Contributory Secondary
10 NAME OF Charles V. J'Ceith	(Signed) (Burellee) yrs mos ds.
OF FATHER  (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
OF MOTHER CELLA THOUS  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) O, THE STATE OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the set death yre. mass. ds. State, yrs. mes. ds. Where was disease contracted, if not at place of death? Former or wassi residence.
(Address) Trederice C 16 Filed 6 Mov, 1915 draf. M. Courty	19 PLACE OF BURIAL OR REMOVAL  OATE OF BURIAL  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



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Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lumgs, menin-

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### 1 PLACE OF DEATH state Very PHYSICIANS should of OCCUPATION IS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 6 SINGLE. MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) (Month) (Day (Year) TAGE If LESS than cla t day ......hrs. OR ..... ? properly 8 OCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of industry. business, or establishment in may which employed (or employer) ..... certificate. Contributory BIRTHPLACE (State or country) 10 NAME OF FATHER 80 Jo PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) 12 MAIDEN NAME plain See Instructions OF MOTHER Information OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. DEATH Where was disease contracted, If not at place of death? Former or OF Important. usual rasidence. Every It. 15 20 UNDERTAKER m REGISTRAR z

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.....

St .: ......Ward)

lif death occurred in a hospital or institution. give its NAME instead of street and number.]

and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State ...... yrs, \_\_\_\_ mos. ..... ds DATE OF BURIAL OR REMOVAL ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronie interstitial nephritis, ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla. ".Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: cause. Always qualify all diseases resulting from is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



V. 8. No. 1.

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PLACE OF DEATH
County Freducts

### STATE OF MARYLAND CERTIFICATE OF DEATH

....Ward)

Registration Dist. No.

St:...

If death occorred in a hospital or institution, give its NAME instead of street and number.

MEDICAL CEI	RTIFICATE OF DEATH
16 DATE OF DEATH	(Month) (Day) (Year)
AL A R	Y, That I attended deceased from 19, to 1915,
	n the date stated above, at 9.30/h.
The CAUSE OF DEATH * v	vas as follows:
Contributory Secondary (Signed)	(Ouration) yrs mos ds.  (Ouration) yrs mos ds.
*State the DISEASE CAUS	SING DEATH, OT, in deaths from VIOLENT FINJURY; and (2) whether ACCIDENTAL,
OR RECENT RESIDENTS)	OR HOSPITALS, INSTITUTIONS, TRANSIENTS,  In the da. State,yrsmesds.
Prince of Burial or REA	DATE OF BURIAL  MOVAL  DATE OF BURIAL  19, 191  191
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Autoonly when needed. As examples: (o) Spinner, (b) Cotton write None. Housemaid, etc. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in is very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated heod-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drawning; state means of injury and qualify as accidental, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anzemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage The nature of the injury, as fracture of skull The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mere



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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

[If death occurred in .....Ward) a hospital or institution, givo Its NAME instead

MEDICAL CERTIFICATE OF DEATH ATE OF DEATH I HEREBY CERTIFY, That I attended deceased from 1915 to HIT 21 last saw have alive on how of 1915 that death occurred on the date stated above, at ... 6., 3.0... fm. Secondary) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT USES, state (1) MEANS OF INJURY; and (2) whether Acciden-L, SUICIDAL, OF HOMICIDAL. ENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS R RECENT RESIDENTS State ...... yrs.\_\_ o was dispase contracted. f at place of death?

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mme, ecc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, As examples For persons

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pheumonia"); Lobar pneumonia; Bronchopneumonia ("Pheumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malisoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), Never report Examples:



3	RECOMO	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
	A PERMANENT	should be stated be properly clast f certificate.	
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ストのドア	TH UNFADING	d be carefully l in plain term t. See instruc	
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOMM	Every item of information should be carefully supplied. AGE should be starehould state CAUSE OF DEATH in plain terms, so that it may be properly occupation is very important. See instructions on back of certificate.	
24 0 44	V. S. NO. 1.	N. B.—Every if	=

PLACE OF DEATH 19545 County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 13
Village or City Meddlelowy (No. , ) 2 FULL NAME Stell Birth.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Nov. 29 (Year)  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	,191, to,191,
7 AGE (Month) (Day) (Year)  7 AGE   If LESS that   1 day, hrs   mos.   ds.   OR   min. ?	did that double occurred on the date of th
a) Trado, profession, cr particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Burallon) yrs. mos. ds.  Contributory Secondary (Burallon) yrs. mos. ds.
10 NAME OF FATHER Washed Allefo  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) Place M. O.  NO. 29. 1815 (Address) Middle Lower M.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)	BUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Lawed Hupe	Where was disaasa contracted, if not at place of daath?
(Address) Middle brod MA.  15 Filed My 29-, 1916 a a Lawer  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  19 PLACE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Serumt, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseonly when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Form laborer, Loborer "Foreman," "Manager," "Dealer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Groccety; (a) Foreman, (b) Autois provided for the latter statement; it should be used the duties of the household only (not paid Housekeepers business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, various pursuits can be known. The question For persons who have no occupation whatever, Architect, Locomotive Never return At home. Care should be etc., without more If retired from engineer, "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nonenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated heod-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or inscarriage as "Puerperal septichiemia," "Puerperal pertonitis," etc. State cause for which birth etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemin," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hearnorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of. Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of by roilway troin-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the inpury, as fracture of skull The contributory (secondary or intercur-"Puerperal septichaemia," Never report mere ACCIDENTAL,



### S. No. 1.

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state Very PHYSICIANS should of OCCUPATION IS Exact statement properly classified. pe may certificate. that ō See instructions on back plain terms. of information DEATH in piai Every Item CAUSE OF important.

(a) Trade, profession, or

particular kind of work

ARENTS

15

(b) General nature of Industry, business, or establishment in

19546 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, (Month) (Day TAGE ,-----ds. 8 OCCUPATION

which employed (or employer) -----

(Year)

If LESS than

1 day .....hrs.

OR ..... min. ?

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	(Month)	(Day	(Year)
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that I last saw hall	ve on		, 191
and that death occurred o	n the date stated	ahove at	
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(Signed)	Address)	in deaths fro	22, N. D. Brid
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20 UND

Ho mion Bush

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTL should state CAUSE OF DEATH in plain terms, so that it may be properly classified. E. OCCIPATION is very important. See instructions on back of certificate.
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•	WRITE	Every Item of Information should be carefully supplied. AGE should be stashould state CAUSE OF DEATH in plain terms, so that it may be properly OCCIPATION is very important. See instructions on back of certificate.
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County Fuel 19547  Village or City Hofeland, (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 3 6.  St; Ward)  Lee  St; Ward)  St; Ward)  St; Ward)  St; Ward)  St; Fideath occorred in a hospitat or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemse Color of RACE   5 SINGLE, MARRIEO, Single   Grand   Gran	16 OATE OF DEATH
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw ham alive on 200, 2 4 1915
T AGE  If LESS than 1 day, hrs.  yrs. / mos. / B occupation (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at / Z m The CAUSE OF DEATH * was as follows: Brouch free more
(b) General nature of lodustry business, or establishment in which employed (or employer)  Performant of country)  Particle (State or country)  Particle (State o	(Buration) yrs. mos. ds  Contributory Secondary  (Buration) yrs. mos. ds  (Signed) Say (Address) Full of Death of State the Disease Causino Death, of in deaths from Violent Causes, state (1) Mrans of Injury; and (2) whether Accidental, Suicidal or Homicidal.  1B Length of Residence (For Hospitals, Institutions, Transients on Recent Residents) Al place in the effect of death yrs. mos. ds. State, yrs. mos. ds  Where was disease controcted, if not al place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Address: Death of Death of State o
Filed	20 UNDERTAKER  Lev Peters  Low Feeters  Low Free Comments of the Comments of t



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiness of various pursuits can be known. The question "Foreman," "Manager," "Dealer," etc., without more For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part statement. Never return "Laborer," Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible "PUERPERAL peritonitis," etc. etc., when a definite disease can be accertained as the symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; birth or miscarriage by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercuras "PUERPERAL septichiemia," State cause for which Never report mere



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very DEATH in plain terms, so that it m See instructions on back of certificate. Important.

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Michael Mannion

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the Word)	16 DATE OF DEATH NOV. 23 ,1915 (Month) (Day (Year)
6 DATE OF BIRTH March 1 1868	April 22 1915 to Nov. 23 1915,
7 AGE (Month) (Day (Year)  1 (LESS than f day, hrs. OR min.?	and that death occurred on the date stated above, at 2/359 m, The CAUSE OF DEATH* was as follows:
**SOCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	Pulmonary & Lough gal Tuber culoris
which employed (or employer)  BIRTHPLACE (State or country)  New York	Contributory Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Ireland.  12 Main Manuellon.  12 Main Monther OF MONTHER OF MONTHER OF MONTHER OF MONTHER	(Signed) W. Howard Jeoger. Nov. 23, 1915 (Address) Atala Danstonen Med. *State the DISPASE CAUSING PRATILE DANSTONE Med.
12 MAIDEN NAME OF MOTHER Clark  13 BIRTHPLACE OF MOTHER OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place
(State or country) reland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) W. A. Hardner.	where was diseasa contracted, bukerour  If not at place of death?  Former or
(Address) State Sanatonin, md.  16 Filed nov. 23 1915 C. A. Stern	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Political, Mid.  29 UNDERTAKER  ADDRESS
If more blanks are needed, address State Registr	m. L. Orloges. Russiand, Med, rar, 6 E. Franklin St., Balts., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite): Tubereucesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronie cer" is less defiuite; avoid use of "Tumor" for maligmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



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Village or City Fulderick City (No. 364, a)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hespitat or institction, give its NAME instead
2 FULL NAME Thornas Christian	Matterny of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wilbowed OR DIVORCED (Write the word)	16 DATE OF DEATH  A Company (Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from
TAGE  TAGE  TO DATE OF BIRTH  TO DAY  (Year)  (Year)  (Year)  TAGE  TO DAY  (Year)  (Year)  TO DAY  (Year)  (Year)  TO DAY  (Year)	that I last saw h alive on 36 from 191 , 191 , 191 , and that death occurred on the date stated above, at 7 m.
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer) Alachamith.	(Oursiton) > yrs. mos. ds.
O BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed)  Secondary  Secondary  Pres. mes. de.  (Signed)  (Signed)  State the Dibeabr Caubing Death, or, in deaths from Violent Caubes, strip (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Meline Samual  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In ths st death
(Address) Felderick deity Modernick of the Property of the Pro	19 PLACE OF BURIAL OR REMOVAL  NO. 28  19 PLACE OF BURIAL OR REMOVAL  NO. 28  19 V. Superial More 28  19 PLACE OF BURIAL  No. 28  19 V. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be -Coal mine, ctc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-Housemaid, etc. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-If the occupation has been changed If retired from without more "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uraemia," "Weakness," and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by earbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitial "Tunior" for malignant neoplasms); Measles; Whooping to determine definitely. or misearriage Always qualify all diseases resulting from child-The contributory (secondary or intercuras "PUERPERAL Examples: Aecidental drowning; "Dropsy," State cause for which Never report mere "Exhaustion," septichaemia," wound of



	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMA	N. B.—Every item of information should be carefully supplied. AGE should be stated EX. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exset si Important. See instructions on back of certificate.	
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STATE OF MARYLAND CERTIFICATE OF DEATH  County Filederick  Williage or City Frederick  (Notto, Mestivation Dist. No. / 3 / St.; Ward)  Full NAME Pobert, Milliand  STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No. / 3 / St.; Ward)  [If death occurred in a hospifal or institution, give if s NAME instead of sfreef and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male Acolor or race 5 single, Married, Wilder Woods, Wilder Write the word	16 DATE OF DEATH  NOV.  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from		
TAGE  ATE OF BIRTH  (Month)  (Day  (Year)  (Year)	MOT. 1, 191 5, to NOT. 16, 1915.  that I last saw h 1272. allve on NOT. 16, 1915.		
BOCCUPATION (a) Trade, profession, or parficular kind of work	and that death occurred on the date stated above, at		
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF	Contributory 49 nanitary: Secondary  (Duration) X yrs Y mos 20 ds.  Contributory 49 nanitary: Secondary  (Duration) X yrs X mos 10 ds.		
TATHER W. Millyard  11 BIRTHPLACE OF FATHER (State or country) Inchessed & Mills  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs mos ds. Slate yrs mos ds  Where was disease confracted, If not af place of death? former or usual residence.		
(Address) III West Pel Finederch 16 Filed 7 Mov, 1915 Ina J. Ma Grandy REGISTRAN	19 PLACE OF BURIAL OR REMOVAL  Maria Date of BURIAL  Sound January  20 UNDERTAKER  ADDRESS  ADDRESS		
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debilty" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD A PERMANENT stated EXACTLY. of information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF Important.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 135
----------------------------

St.; .Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and number. ]

		11		
FULL NAME.	***************************************	- NO	13-	2ey

²FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 2 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
TAGE  OATE OF BIRTH  (Month)  (Day  (Year)  1 day,hrs.  ORmin.?	that I last saw h alive on 191 and that death occurred on the date stated above, at m.  The CAUSE OF DEATH* was as follows:
BOCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.  Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 Mallow NAME OF MOTHER OF MOTHER	(Signed)
of Mother Mary Sylva Cross  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mary Sylva Trismer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) R Smiths and 16 Filed Nov 5 , 1915 John W. Love REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  HOME Ground NOV. J., 191.J.  20 UNDERTAKER  ADDRESS  Harvey R Trickles

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

for many occupations a single word or term on the first line will be sufficient e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive - engineer. Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnrc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exnant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the oma, Sarcoma, etc., of... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less definite; avoid use of "Thmor" for mallytctanus) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head ..... (name origin; "Can-"Dropsy," "Exhaustion," Never report For vio-



should is OCCUPATION PHYSICIANS RECORD PERMANENT 4 Proper INK UNFADING certifica 9 back ATH in plain instructions

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1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

So -	(0)	Registration Dist.	No. 1
liage or City Mountain all No.		St.;Ward)	[If death occurred a hospital or institut give its NAME inst

of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH . 191 ..... to. allyeon (Month) (Day (Year) If LESS than and that death occurred on the date stated above, at 1 day, .... hrs. OR ..... min. ? SOCCUPATION (a) Trade, profession, or perticular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE , 1912 (Address) I environ OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. State ..... yrs. Where was disease contracted. If not at piece of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Raito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Marasgenital," "Collapse," "Coma," "Convulsions." "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under Always qualify all diseases resulting from Measles "Senile," (Recommendations on statement of (dlsease causing death), 29 ds.; etc.), "Dropss," "Exhaustion," the head Never report



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	RECORD	PHYSICIANS &
מאסמוט אפטר טייס אייס אייס אייס אייס אייס אייס אייס	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		N. B.—Every CAUS Impor
*		

PLACE OF DEATH 19553 CA	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. / 3/
** FULL NAME Jeanette	E. Fourth St.; 4 Ward)  [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale Colored (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	11-18, 1915 to 11-18, 1915.  that I last saw h = alive on 11-18, 1915.
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at 9-30 Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	Codocarditis
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Moandand	Gontributory Secondary
10 NAME OF FATHER John Nichols	(Signed) 6 S (3 ~ 00 ~ 05 M. D. // - 201915 (Address) / 00 ~ 05 M.
Z OF FATHER (State or country) Mod	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mod	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place   le fhe   of death
(Informant) Besse Nechols.	If not at place of death?  Former or usual residence. 422, Changel St. Prederick
16 Filed 2 D Mov. 1815 Jan 9 Milbur Sty	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Social Serial Serial Nov. 21, 1915.  20 UNDERTAKER ADDRESS
REGISTRAR	Thomas T. Rice Frederick rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question who have no occupation whatever, write Nonc. Housewife, Housework, or At Home, and ehildren, not fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulces of lungs, meninges, peritonaeum, etc., Carcin-

mia," "l'UERPERAL peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ar Brooks



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 19554 County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
VN age or City Frederick (No. 124,	Registration Dist. No. 3  Second Second Second In a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Wiederwed OR DIVORCED (Write the word)  6 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day)  (Year)  17   HEREBY CERTIFY, That I attended deceased from 1915. to Horantes 2 1915.
7 AGE (Month) (Day) (Year)  7 AGE (Honth) (Day) (Year)  1 day, brs, or min.?	that I last saw h 2 alive on October 20 1916, and that death occurred on the date stated above, at 2 6 m.  The CAUSE OF DEATH * was as follows:
Cocupation (a) Trade, protession, er particular kind of wark (b) General nature of industry business, er establishment in which employed (or employer)  BIRTHPLACE (State or country)  Cocupation  Coc	Contributory of Suilty Secondary
10 NAME OF FATHER Nathaniel  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Burstien) yrs. mea ds.  (Signed) (Address) (Address) M. 0.  *State the Disease Causing Dhate, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placs Is the af death yes mes. da. State, yes mee. de. Where wes disease obstracted, If not all place of death? Farmer or would residence
(latermant) Sussu Davenfood  (Address) / 24 East St  (Address) / 24 East St  Filed 29 100, 191 5 One 1 Market press  If more blanks are needed, address State Registrar, 1	19 PLACE OF BURIAL OR REMOVAL  St. John's Cem Nov 29, 1915  20 UNDERTAKER  ADDRESS  Thomas T. Raice Frederick



[Approved by U. S. Census and American Public Health Association.]

business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the dutics of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Housework, or At Home, and children, not gainfully Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, But in many cases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

etc., when a definite disease can be ascertained as the on Nomenclature of the American Medical Association.) chopncumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitia "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... and consequences (e. g., sepsis, tctanus) may be stated Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hagmorrhage," "Inanition," "Maraslapse," "Coma," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless nephritis, etc. (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), suicide. The nature of the injury, as fracture of skull or miscarriage as "Puerperal septichaemia," "Old Age," "Shock," "Uraemia," "Weakness," The contributory (secondary or intercur-"Convulsions," "Debility" Never report mere "Atrophy," important. ("Con-



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County Delactical 19577	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 134
Village or City MMI Woung(No	St; Ward)  [If death eccorred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)  17 (MEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h a alive on NOV 14 , 1915,
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at D.m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of industry  Obusiness, or establishment in	Coucles of 152 cases  (Burstlen) / yrs. 2 mos. ds.
9 BIRTHPLACE (State or country)	Contributory A Lance Secondary (Surallen) / 773, 7 mes de
10 NAME OF POTES NOOLOW	(Signed) John Ja Vanne, M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OT MOTH	*State the PISEASE CAUSING DRATH, or, in deaths from VIGIENT CAUSES, state (1) MEANS OF INJUNY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Julian	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placa In the of death
(Informent) A Best ads in Olways	if not al place of death?  Formor ar  veual residence
(Address) The West to deg.	Aslie of Burial OR REMOVAL DATE OF BURIAL  Solin of Charity Cemelry Of 10 191 3
FRES / OV 1914 FREGISTRAR  If more blanks are needed, address State Registrar	Jacob I Toper & fou Puntaburg Ind. 30 W. Saratoga St. Balto., Requesting V. S. No. 1.

NO HUA

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -- Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Fealer," etc., without more precise specification as Pay laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (relixed state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housemobile factory. The material worked on may form part mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housemaid, etc. If the occupation has been changed is provided for the latter statement; it should be use business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar: pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatus "PUERPERAL peritonitis," etc. birth or misearriage as cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"PUERPERAL septichaemia," "Bropsy," "Exhaustion," State cause for which Never report mere



RECORD

PERMANENT

UNFADING INK-THIS IS PLAINLY, WITH B. No. 1.

### -Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very certificate. See instructions on back of Important. N.

County



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[It death occurred in

	St.; Ward) a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mail White the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Text	that I last aaw have alive on Nov 16 ,1915
7 AGE   It LESS than 1 day, hrs.   OR min. ?	and that death occurred on the date stated above, at 10.304 m.  The CAUSE OF DEATH* was as follows:  Level debile.
(a) Frade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	from advancesoge  (Ouration) yrs. mos. 14 ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Duration) yts mes ds.  (Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed) (S
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Assurand Assurance (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place / in the ot death yrs mos ds. State yrs, mos ds. Where was disease contracted, if out at place of death? Former or
(Address) Halketimille mol	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL  20 UNDERTAKER  Preference  Address  Walkersuille

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcopers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of \_ is less definite; avoid use of "Tumor" for malig-The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples: For VIO-



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PHYSICIANS should state of OCCUPATION Is very County Tredinick no Braddoch -0 PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 6 DATE OF BIRTH 7 AGE OCCUPATION (a) Trade, protession, or parficular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE (State or country) frederick Co esrtificate. FATHER Howard Reddlemen back of 11 BIRTHPLACE OF FATHER (State or country) Inderich Co and PARENTS See Instructions on 12 MAIDEN NAME A OF MOTHER Course 13 BIRTHPLACE OF MOTHER (State or country) Important. CAUSE 1.8 ż

1 PLACE OF DEATH

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### STATE OF MARYLAND CERTIFICATE OF DEATH

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a hospifal or institution

ld of Howa	ofReddle	give Ifs NAME instead of street and number.]
MEDICA	AL CERTIFICATE OF	DEATH
16 DATE OF DEATH	hov (Month)	7, 1915. (Day) (Year)
	BY CERTIFY, That I	sttended deceased from 7 191 4.
that I last sew h	alive on	, 191
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	(Address) Lando CAUSING DEATH, OR, EANS OF INJUBY; and OMICIDAL	In deaths from Violent (2) whether Acciden-
At place of death	In the los, ds. State	INSTITUTIONS, TRANSIENT
20 PRISERTAKER	L // T	DATE OF BURIAL , 191 ADDRESB

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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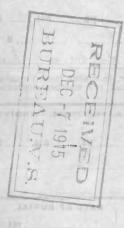


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations galufully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. heen changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease are disease. Examples: Cerebrospinal ferce (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neopiasms); Meastes; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of etc. (name origin; "Can-State cause for For VIOds.



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### STATE OF MARYLAND CEPTIFICATE OF DEATH

Re	egistration Dis	t. No. 14/
St.;	Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CEI	RTIFICATE O	F DEATH
EATH	ho	22 ,1910
REBY CERTIF		ended deceased from
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or DEATH * v	(Duration)	/s:
ory  101. (Adde	(Duration)	/s:

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OR RECENT RESIDENTS)		
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Where were dispass contracted		

If not at piace of deeth?



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Collon write None Housemaid, etc. taken to report specifically the occupations of persons precise specification as Day luborer, Farm laborer, Laborer "Foreman," "Manager," "Tealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) (.roccry; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Statianary freman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, various pursuits can be known. The question If the occupation has been changed Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, ldanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcama, etc., of ........ (name origin; "Cancer" is less definite; avoid use of suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of "PUERPERAL peritanitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," ctc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puenperal septichaemia," "Dropsy," State cause for which Never "Exhaustion," report mere



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stated EXACTLY. PHYSICIANS should state . Exact statement of OCCUPATION is very RECORD PERMANENT Every item of information should be carefully supplied. AGE should be a CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INKETHIS

PLACE OF DEATH 19558



### STATE OF MARYLAND CEPTIFICATE OF DEATH

County VIII desich	Registration Dist, No. 149
Village or City Lewiston (No	St.; Ward)  [If death occurred in a hospifal or institution, give its NAME instead of sfreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE Single, MARRIED, WIOWED, ORDIVORCEO (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That Lattended deceased from
DATE OF BIRTH  Sulph 23, 1915  (Month) (Day (Year)	Talks, 1915, to Nall 1, 1915, that I last saw he alive on Nall to 1915-
7 AGE    If LESS than 1 day,hrs. orhrs. or	and that death occurred on the date stated above, at 230 cm, The CAUSE OF DEATH* was as follows:
(a) frate, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Curling Branchage Secondary
10 NAME OF RATHER STATE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER	(Signed) (Address)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds  Where was disease contracted,
(Informant) 100 1 Restrentifica	If not at piace of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Land Land Land Land Land Land Land Land	EDUNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N. B.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. tieation as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; been changed or given up on account of the hisease Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenelachildbirth or miscarriage as "Puerperal septichacetc., when a definite discase ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for genital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "As ample: Measles (disease eausing affection need not be stated unless important. Exralvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciaccidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion," Never report For VIO-



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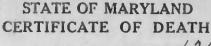
PLAINLY, WITH UNFADING INK-THIS IS

B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD

PERMANENT

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Registration Dist. No.

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[It death occurred in a hospital or institution,

	FULL NAME Wilhamines	Schroger give its NAME instead of street end number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Fernale White Single,  MARRIED,  WIDOWED, WI Slowed  OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D	March 17, 1833  (Month) (Day (Year)	that I last saw her alive on Sept 22 1915
7 A	8 2 yrs. 7 mos 2 4 ds. or min.?	and that death occurred on the date stated above, at 10a
pa (b) bus wh	OCCUPATION  ) Trade, profession, or riticular kind of work.  ) General nature of industry, siness, or establishment in ich empioyed (or empioyer)  IRTHPLACE (State or country)  M. J.	(Duration) yrs mos ds  Contributory Secondary
PARENTS	10 NAME OF SEORGE Witner  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Anne Maria Gilpin  13 BIRTHPLACE OF MOTHER (State or country)  MA	(Signed)
	(informant) — L. M. Schroger  (Address) — Mysirs ville	If not at piece of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

if more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

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[Approved by U. S. Consus and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very Important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman."

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentessis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemla" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and quality as mia," "Puerperal peritonitis," etc. State cause childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under the head of lbutory." (Recommendations on statement of Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (secondary or intercurrent) "Dropsy," .... (name origin; "Can-"Exhaustlon," Never report di Oi

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEGL 2 1915
BURMAU, V.S.

Coun	ty Greenels	CERTIFICATE OF DEATH Registration Dist. No.
₩illaş	FULL NAME Maryetta &,	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE:	4 COLOR OR RACE   6 SINGLE, MARRIED, Married Willowed OR OLVORCEO (Write the word)	(Month) (Day) (Year)
6 DA	Mar 29 1857	17 Och 22 1915 to Toy 3 1915
7 AG	(Month) (Day) (Year)	and that death occurred on the date stated above, at 25 to 191 to 25 to
par (b) bus whi	) Trade, profession, or titular kind of work  ) General nature of industry siness, or establishment in inchemplayed (or emplayer)  RTHPLACE (State or country)	Contributory Secondary  Contributory
	10 NAME OF FATHER Norman B. Clabauan	(Signed) (Ouration) yrs mee.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Mangland 12 MAIOEN NAME	/*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL.
PA	13 BIRTHPLACE OF MOTHER (State or country) Mangland HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the af deeth
	(Informani) W. F. Secrest	If not at place of deeth?  Former or  uousi residence
	(Address) 419, S. Market St	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL

19560

STATE OF MARYLAND

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. If retired from write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salcsman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature. of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "Puenperal septiclmemia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping Always qualify all diseases resulting from child-"Coma," The contributory (secondary or intercur-"Convulsions," "Dropsy," "Debility" ("Con-"Atrophy," "Col-"Exhaustion," important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Bunch.

DEG 6 1915
BUREAU.

V. S. No. 1.

N. B.

19561 1 PLACE OF DEATH County Frederick

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[it death occurred lo a hospital or lostitution, give its NAME instead

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 -		
3 8	MARRIED, Single	16 DATE OF DEATH Movember 30, 1915
2	vale white (Write the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH	new with a no north
	6 30 1893	
	(Month) (Day (Year)	that I last saw hamalive on 100 29 the, 1915
7 A	GE If LESS than	and that death occurred on the date stated above, at 6.30 Q.m.
	2.2 5 1 day,hrs.	The CAUSE OF DEATH * was as follows:
A -	yrs. mos ds. OR min. ?	nutremedellulation of nocks.
	CCUPATION ) Trade, protession, or Atomic	
26.1	rticular kind of work. Cook	
	) General nature of industry, siness, or establishment in	(8,,4)
Wh	ich employed (or employer)	(Ouration)yrsmos© ds.
9 B	(State or country)	Secondary .
	James Ca	dolamia (ouration) yrs mos ds.
	MONAME OF COLORS	(Signed) Men Gulder
10	ii ogivo ouna	
ARENTS	11 BIRTHPLACE OF FATHER	Nov. 30 , 1915 (Address) State Lanalonum, Md
Ä	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PAF	of Mother Aphra Art	
14.	13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Hust Co My	at place of death yrs. ## mos ds. State 2 2 yrs mos ds
14 -	THE ABOVE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
Why of much		tt not at place of death?
	(Informant)————————————————————————————————————	Former or usual residence. North Sign Ice
	(Address) Fund Mi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	TAULIGOS TATALANTA TATALAN	Mony Jun Sec 1 1915
(C)	welle 2 mis: lo A Atenna	20 UNDERTAKER ADDRESS
FII	REGISTRAR	his 2 from directory 1418.
-		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Candent; Revolver wound of head-homieide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUEBPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septietac-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) State cause for Never report



properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS

Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be

See instructions on back of certificate.

Important.

9

ż

may be

1 PLACE OF DEATH

County Stredercole



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1410

.St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Hoodslors Dist (No. , )

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	unale Wheele Single, Married on provided (Write the word)	16 DATE OF DEATH    Month   (Day) (Year)   17   HEREBY CERTIFY. That I attended deceased from	
8 DATE OF BIRTH  Mur. 23, 1846  (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended deceased from Nov 13th, 1915, to 1915 that I last saw h M alive on 120v 13th, 1915	
TAC	69 yrs. 7 mos. 2/ ds. OR min.?	and that death occurred on the date stated above, at Pm.  The CAUSE OF DEATH* was as follows:  Lehranic Valvulan Leart	
X(a)	Trade, profession, or Jours of the trade, profession, or Jours of the trade of the	Size co	
busi	neess, or establishment in the characteristic control of the chara	Contributoryds.	
TS SI	10 NAME OF FATHER JOEAL. BEER	(Secondary)  (Duration) yrs mos ds.  (Signed) Jas le Lapping on M. D.  Mov (15th, 1915 (Address) Librity lown Mice	
PAREN	OF FATHER (State or country) Manyland  12 MAIDEN NAME OF MOTHER OF S	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER (State or country) Manyland.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death	
(Informant) Lharles Un Simelli-		Where was disease contracted, if not at place of death?  Former or usual residence	
15 Fil	ed 200/15, 1915, - Lile, Powell	PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LOCATION  20 UNDERTAKER  ADDRESS	
	REGISTRAR <	The terms of the state of the s	

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. vi



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industy; and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," ."Foreman," (b) Cotton mill; (a) Salesman, If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

"Contributory." mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Turreral scottchaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla schsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds. affection need not he stated unless important. valvular heart disease; Ohronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chrosic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) Bronchonneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock." "Senile." etc.), (Recommendations on statement of may he stated under the head "Dropsy," "Exhaustion," 'l'racmia," "Weakness," (name origin; "Can State cause for Examples:



N. CO.

PLACE OF DEATH 33000		STATE OF MARYLAND CERTIFICATE OF DEATH	
Cour	nty to the Mhole	Registration Dis	121
Villa	2 FULL NAME Joseph Smith	St.; Ward)	[If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED (Write the word)		MEDICAL CERTIFICATE OF DEATH	
		18 DATE OF DEATH (Month)	(Day) (Year)
6 DA	(Month) (Day) , 1 867	17 I HEREBY CERTIFY, That I att	, 191
7 AG		and that death occurred on the date ste The CAUSE OF DEATH * was as follow	ated above, atm.
y (b	CCUPATION  a) Trade, profession, or ricular kind of work  b) General nature of industry siness, or establishment in high employer)	Sow live as Corre	cers pleyees
RENTS 8	10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME  OF MOTHER  (State or country)  12 MAIDEN NAME  OF MOTHER	Contributors  Secondary  Secondary  Secondary  (Signed)  191 (Address)  State the Dimeare Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At piece in the of death yrs. mes. de. State, yrs. mee. de. Where was disease contracted, if not at ploce of death?  Former er used residence	
	13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)		
15 File	ed 8-Str. 1915 All Couly	19 PLACE OF BURIAL OR REMOVAL  LICENSMALLET COUNTRY 20 UNDERTAKER  LAG CAPTY	MATE OF BURIAL MAN. 8th, 1915  ADGRESS Grederick Md
	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	7/

40569



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook write None Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autocian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, precise specification as Day laborer, Farm laborer, Laborer mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question The material worked on may form part At home. Care should be

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Corna," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the "Ansemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping head-homicide; nephrilis, etc. The contributory (secondary or intercur-Poisoned by carbolic acid-probably Never report mere important.



1 PLACE OF DEATH of STATE OF MARYLAND HYSICIAN statement CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:....Ward) EXACTLY, P a hespital or institution. give its NAME instead of street and number. ] <sup>2</sup> FULL NAM RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 6 SINGLE. 4 COLOR OR MACE 16 DATE OF DEATH Stated MARRIED PERMANENT WIDOWED 1915 OR DIVORCED (Month) (Day) properly certificate. I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 9/2 (Year) eq that I last saw how alive on Ocor (Day) of 7 AGE If LESS than may and that death occurred on the date stated above. 1 day, hrs. back G The CAUSE OF DEATH \* was as follows: OR min. ? that OCCUPATION
(a) Trade, prefession, or 50 supplied instructions particular kind of work... 00 (b) General nature of lodustry terms, bosiness, or establishment in UNFADING (Burntine) which employed (or employer) ...... 9 BIRTHPLACE Contributory Secondary (State or country) See 10 NAME OF 9 5 FATHER pino Important. I ENTS BIRTHPLACE (Address) OF FATHER 日日 \*State the PISTARE CAUSING DEATH, or, in deaths from VOLENT (State or country) CAUSES, state (1) 'frans of Injust: and (2) whether Accidental. 0 12 MAIDEN NAME SUICIDAL OF HOMICIDAL œ OF MOTHER informati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 VOLY OR RECENT RESIDENTS) 13 BIRTHPLACE Ld. S At place la the OF MOTHER 0 09 (State or country) of death ......... YTS. 4 Where was disease contracted. should state CA 14 THE ABOVE IS TRUE TO THE BEST 40 if not at piece of death? Former ar usual residence Every 20 JUNDERTAKER Ø Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Bronchopneumonia ("Pneumonia."

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for n. alignant neoplasms); Megsles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death). 29 ds.: Broncho meumonia (secondary), 10 ds. Never report merc symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH Item of information should -Every item o CAUSE OF I Important. S m

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

19565 1 PLACE OF DEATH County Trustening



### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 38
Village or City Mal Research	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whate (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended decessed from [91, [91, [91, [91, [91, [91, [91]]]]]
Still force   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (as employed)	Ouration) yrs mos ds.
which employed (or employer)  BIRTHPLACE (State or country)  TO NAME OF FATHER  FATHER  OF FATHER  State or country)  M  11 BIRTHPLACE OF FATHER (State or country)  M  22 MAIDEN NAME OF MOTHER	Contributory (Secondary)  (Secondary)  (Duration)
of Mother  13 BIRTHPLACE OF MOTHER (State or country) /Languar	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds.
(Informant) The sest of MY KNOWLEDGE  (Address) Malacesadle	Where was disease contracted, If not at place of death?  Former or usual residence
Filed 200 9 1915 J. St Witter REGISTRAR	20 UNDERTAKER G Bartin Halkemille
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. 8. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekecpers minc, etc. . Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, ifrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Mcasles affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neopiasms); Measles; Whooping cough; Chrosic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: Hor VIO



		should state	
	RECORD	PHYSICIANS of OCCUPAT	
5000	PERMANENT	tated EXACTLY.  Exact statement	3
ב ב ב	S IS A	classified.	7
ן ר	NK-THI	l. AGE sh properly	× 8
> 1	UNFADING !	that it may be certificate.	9
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	3 7 8 7
	VRITE PL	n of inform F DEATH I See instru	1
V. S. No. 1.	>	CAUSE O	1
V. S.		Z C	=

	1 PLAGE OF DEATH 19566	STATE OF MARYLAND
Co	ounty Frederick)	CERTIFICATE OF DEATH Registration Dist. No. 33
V	illage or City Comaguestown (No	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male White Sincle, widows windows with the word)	18 DATE OF DEATH MOVE (Month) (Day) (Year)
8 D	ATE OF BIRTH aug 15- 18:46	that I last saw h Am alive on The 24 1915
TAG	(Month) (Day) (Year)  GE   If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) par (b) busi whi	CCUPATION ) Trade, profession, or riticular kind of work  General nature of industry, iness, or establishment in ich employed (or employer)	(Duration) / yrs. 4 mos. Q ds.  Contributory (Secondary)
RENTS	10 NAME OF FATHER So hn or Staufr  11 BIRTHPLACE OF FATHER (State or country) Frederick) so mod	(Signed)
PA	13 BIRTHPLACE OF MOTHER (State or country) Frederich Po Ind	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
	Interment An Amus Strotus	If not at place of death?  Former or  usual residence
15 Fil	led Nov. 26 191 - Planing Marner  RECISTRAR	19 PLACE OF BURIAL OR REMOVAL  ORGANIZATION Y 1 & NOTE
	If more blanks are needed, address State Registrar, 6 B	The state of the s



[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

> ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciaccidental, suicidal, or homicidal, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report Examples:



V. S. No. 1.

#### N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

19567	
County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Colvetin Chournas  2FULL NAME Sarah. Colo	Registration Dist, No.  St.; Ward)  St.; Ward)  St.; Ward)  Ward a hospital or lostitution, give its NAME instoad of streef and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, Widowso, Widowso, Orolvorceo (Write the word)	16 DATE OF DEATH 28 , 191.5 (Month) (Day (Year)
6 DATE OF BIRTH	, 191, 191, 191
7 AGE (Month) (Day (Year)  7 AGE (Month) (Day (Year)  1 (LESS than 1 day,hrs. ORmin.?	that I last saw halive on, [9] and that dasth occurred on the date stated above, at 7.30 Q m, The CAUSE OF DEATH* was as follows:
9 OCCUPATION (a) Trado, profession, or particular kind of work (b) General naturo of industry,	Treumbly paralysis
businoss, or establishment in which employed (or omployer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF PATHANCEL LIVES.	(Signed) China M. Jones
ME 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the first process of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted,
(Informant) lehas. Silveres,	If not at place of doath?————————————————————————————————————
16 Filed 19 1915 Charalle Brech	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL  20 ON DERTAKER  ADDRESS  ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

my



[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved: by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Ex-



•	OF DEATH	19000		STATE OF M.	AKYLAND
County To	ederick	3.0.3		CERTIFICATE	OF DEATH
· · · · · · · · · · · · · · · · · · ·	<b>A</b>			Registration I	Dist. No.
Village or City	Siredere	(No. 2	V. 6.	Wickless Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	ONAL AND STATIS	TICAL PARTICU	LARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, Si		16 DATE OF DEATH	1
Male	White	MARRIED, WIDDWED OR DIVORCED (Write the word)	0	(Month	
6 DATE OF BIR	TH 3			17 I HEREBY CERTIFY, That I a	The second of th
	Se	14 14 (Day)	, 19/5- (Year)	that I last saw h alive on	, 191
7 AGE	(2.32)	(210)	If LESS than	and that death occurred on the date	stated above, at 9 An
******	yrs,	mos. 23 ds.	1 day, hrs.	The CAUSE OF DEATH * was as follows	ows:
(a) Trade, profe	ession, or	one			
(b) General nat business, or es	ure of lodustry		88888848000000000000000	Michigan	
which employed	(or employer)			(Burstion)	yrsmes
9 BIRTHPLACE (State or con	intry)	ylaire		Secondary Secondary	
				(Buration)	
10 NAME				(Closed)	
Ø H	Chart	es A We	cheless	(Signed)	1/4 S 1
II BIRTHI	PLACE 11	reland	cheless		M. Successor, in deaths from Violent
II BIRTHI OF FAT  (State OF MAIDE OF MAIDE	PLACE THER OF COUNTRY MOA	- 0	chless	*State the Disease Causing Drath, (Causes, state (1) Means of Injury; and Suicidal of Homicidal.	
STATES  II BIRTHI OF FAT (State OF M  II BIRTHI OF FAT (State) II BIRTHI II BIRTHI II BIRTHI	PLACE  PLACE  PLACE  PLACE  PLACE  PLACE	- 0	chless	"State the DISPASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALE OF RECENT RESIDENCE)	, Institutions, Transient
FATHE  II BIRTHI OF FAT (State OF M	PLACE THER N NAME OTHER MAANY	- 0	ekless	*State the DISEASE CAUSING DEATH, CAUSES, STATE (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALE OR RECENT RESIDENTS) At place in the of death yrs	, INSTITUTIONS, TRANSIENT
FATHE  II BIRTHI  OF FAT  (State  IZ MAIDE  OF M  OF M  OF M	PLACE THER OT COUNTRY MOA  N NAME OTHER MAAN PLACE THER DT COUNTRY) MAR	refaud Rieddl anglau	Lemose	*State the DISEASE CAUSING DEATH, CAUSES, STATE (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALE OF RECENT RESIDENTS)  At place in the	, INSTITUTIONS, TRANSIENT
FATHE  II BIRTHI OF FAT (State  II MAIDE OF MO (State	PLACE THER OT COUNTRY MOA  N NAME OTHER MAAN PLACE THER DT COUNTRY) MAR	refaud Rieddl anglau	emose de	, 191 (Address)	, Institutions, Transient
II BIRTHI OF FAT (State OF M OF M OF MO (State  13 BIRTH OF MO (State  14 THE ABOVE	PLACE THER OT COUNTRY MOA  N NAME OTHER HOARY PLACE THER Dr country) IS TRUE TO THE BES	refaud Rieddl anglau	esnose esnose elessos	"State the DISHASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALE OR RECENT RESIDENTS) At place in the death yrs	, INSTITUTIONS, TRANSIENT
II BIRTHI OF FAT (State OF M	PLACE THER OT COUNTRY MOA  N NAME OTHER HOARY PLACE THER Dr country) IS TRUE TO THE BES	refaud Rieddl anglau	emose de leless	"State the DISPASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; and SUICIDAL OF RESIDENCE (FOR HOSPITALE OR RECENT RESIDENTS) At place in the of death ye	DATE OF BURIAL
II BIRTHI OF FAT (State  I2 MAIDE OF MO (State  14 THE ABOVE (Informant) (Address	PLACE THER OT COUNTRY MOAN N NAME OTHER HOAN PLACE THER DT COUNTRY) IS TRUE TO THE BES  Colored Description Descri	refaud Rieddl anglau	emose  lemose  leless  lemose  lemose	"State the DISPASSE CAUSING DEATH, CAUSES, State (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALE OR RECENT HESIDENTS) At place in the of death yrs	s, Institutions, Thansients is te,

STATE OF MARYLAND

19568

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Autoprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, But in many cases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head—homicide; Poisoned by carbolic acid—probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning. "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitiai nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Atrophy," ("Con-

If this certificate is looked over thoroughly and all questions answered in detall, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

or N. No. amil



	County Frederick 19569	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Near Plane * 4(No. 2 FULL NAME Elizabeth a. 74	Registration Dist. No. 147  St.; Ward)  [If death occurred in a hospital or institution, give its HAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Finale Colored or Brown or Divorced (Write the word)	16 DATE OF DEATH  (Month)  (Month)  (Day)  (Year)  17  18  (Month)  (Day)  (Year)
	6 DATE OF BIRTH  (Month)  (Day)  (Day)	The 11 th 1915, to There do, Nov. 11 1915, that I last saw h evalive on There do, Nov. 11 1915.
5	7 AGE (Month) (Day) (Year)  7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 43 2m. The CAUSE OF DEATH * was as follows:
	B OCCUPATION (a) Trade, profession, or particular kind of work	Gulmonary Tuberenel
1	(b) General nature of Industry business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
	9 BIRTHPLACE (State or country) Frederick Leo. Md.	Contributory Secondary  (Burallog) yrs, mos ds.
	on aniel J. Williams	(Signed) . Aller Thee M. o
BLOCK	OF FATHER (State or country)  12 MAIDEN NAME & 7(	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whither Accidental, Suicidal or Homicidal.
Very	of Mother Telego, Reach Con Me	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS  OR RECENT RESIDENTS)  At place in the for death yes, mos, ds, State, yes, mos, ds
SI NO	(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Deniel Tellians	Where was disease contracted, if not at place of death?
2	(Address) Mr. air, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  M. D. G. M. C
5	Filed 191 OSM FL Blay REGISTRAR	20 UNDERTAKER ADDRESS BUBOWNIAU PUt Cine Me
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Forenian," "Manager," "Dealer," etc., without more of the second statement. only when needed. As examples: (a) Spinner, (b) Collon employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many самен, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, head-homicide; Struck by railway train—accident; Revolver wound of surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Ansemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valuulur heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Anaemia" or miscarriage as The contributory (secondary or intercur-Poisoned by "Puerperal septichaemia," carbolic acid-probably Never report mere (Recommendations



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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RI	tem of information should be carefully supplied. AGE should be stated EXACTLY. PH	. Exact statement
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PLACE OF DEATH 19570	STATE OF MARYLAND
County Sirederick:	CERTIFICATE OF DEATH Registration Dist. No. 143
1//	
Village or City Juffustr (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Thereof Carlo	in WW.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, MARRIED. MARRIED.	16 DATE OF DEATH POL 9, 1915  (Month) (Day (Year)
male White . (Write the word)	17   I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Jept 20, 1910, to 200 19, 191.0
(Month) (Day (Year)	that I last saw ham alive on 200 19 ,1913
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 9. P. m
76 yrs.   mos   4 ds.   OR min. ?	The CAUSE OF DEATH* was as follows:
* OCCUPATION (a) Trada, profession, or Black-smith	Carcinoma of The bonkly
(b) General nature of Industry, business, or establishment in which amployed (or employer)	(Ouration) yrs 2 mos d
9 BIRTHPLACE (State or country) Alayland	Contributory Secondary
10 NAME OF Peter Dise	(Signed) Carleton Bater, M. I
11 BIRTHPLACE OF FATHER (State or country) Haryland 12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEADI, or, In deaths from Violen
of Mother Sarah Thomas	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether AccideN TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)
13 BIRTHPLACE OF MOTHER (State or country) A anyland	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or
(informant) The state of the st	usual residence.
(Address) Jefferson, Abd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Aov21, 1913 Mo. R. Etcheson	20 UNBERTAKER ADDRESS ALR GLOWN
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No.A.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the misease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yis.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein

valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection used not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report



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Co	PLACE OF DEATH 19571	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 139
VII	1age or City Hote Panalrugio.	St.; Ward)  [If death occurred a hospital or instituting give its NAME institution of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	ATE OF BIRTH  MARRIED, WIDOWED, ORDIVORGED (Write the word)  23, 1896	16 DATE OF DEATH  (Month)  (Day (Year of Death)  17 I HEREBY CERTIFY, That I attended deceased for the property of the propert
7 A	GE (Month) (Day (Year)  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 5:45P The CAUSE OF DEATH* was as follows:
(b) bus	rticular kind of work	(Duration) / yrs 5 mos 0
	RTHPLACE (State or country) Mary Land	Gontributory Falls colors Perstant
	10 NAME OF FATHER William Wise,  11 BIRTHPLACE OF FATHER (State or country) Manyland,  12 MAIDEN NAME  12 MAIDEN NAME	Contributory Falls culous Perstants  (Duration) yrs mos.  (Signed) House ye age  Nov. 10 1915 (Address) Hele Candonia
PARENTS	10 NAME OF FATHER William Wise.  11 BIRTHPLACE OF FATHER (State or country) Mynyland.	Contributory Table enlars Perstances  (Duration) yrs mos.  (Signed) W. Howard ye age.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the niseAsE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; SUICIDAL, or HOMICIDAL, or as probably (Recommendations on statement of State cause for Never report



		LY. PHYSICIANS should state ment of OCCUPATION is very
	RECORD	PHYSICIANS of OCCUPAT
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S.		N. S.

Count	PLACE OF DEATH 19572	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /33
Village	or City Rocky Hudg & (No. 2 Harr	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ma	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Movember 9th, 1915 (Month) (Day (Year)  17/ I HEREBY CERTIFY, That I sttended deceased from
6 DATE	Movember 12, 1970 (Month) (Day, (Year)	that I last saw he was alive on More 9 1915
7 AGE	1 day,hrs.	and that death occurred on the date stated above, at 1.50 fr. m. The CAUSE OF DEATH* was as follows:
(a) Traiparticul	de, profession, or Say Luborer ar kind of work	and Capolitions Capolitions
business which e	meral nature of industry, s, or establishment in mployed (or employer)  HPLACE	Contributory Of Chemia
(St	NAME OF ALL WAR AND	(Signed) (Doration) TIS (Signed) (Signed) (Doration) (D
ш	BIRTHPLACE OF HATHER (State or country)  Mury luw	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
0	BIRTHPLACE 2	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
	rmant) mos fermie Wood	Former or usual residence.
16	(Address) Pory Pusque Man	Rocky Sidge Nov. 10 3 1911
Filed	N. 9 , 1915 Marine J. Harrier REGISTRAR	Willhide & Graged Thurmon A My.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Consns and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Mauager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcreucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaccause. Always qualify all diseases resulting from mus," "Old Age," "Shoek," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of Never report



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. S. No. 1.

1 F		Serief 19	974	(2)	co m	STATE OF M	OF DEATH
			Management	1 . 0	0.00	Registration	Dist. No.
Village or	<sup>2</sup> FUL	Thesler	M Ben	iasline	Going	St.; Ward)	[if deeth accurred in a hespital or institution, give its NAME instead of street and number.]
F	PERSON	AL AND STATIST	TICAL PARTIC	ULARS	ME	DICAL CERTIFICAT	E OF DEATH
3 SEX Frem	rah	4 COLOR OR RACE	6 SINGLE, MARRIED, WIDOWED OR DIVORCES (Write the word)	named	16 DATE OF DEAT	(Mon	
6 DATE O	OF BIRTH				17 I HERE	BY CERTIFY, That	attended deceased fro
		5	10	1884	1000	, 191.5 , to/	IM 13 ,191
		(Mon	th) (Day)		that I last saw	h & alive on 2	m / 3 , 191.5
7 AGE				If LESS than	and that death	occurred on the date	e stated above, at 8.P.
(a) Trad	PATION de, prefessi	31 yrs. 5	mes	or min.?	The CAUSE OF	DEATH * was as to	Hows: Labor
(b) Gen business, which em	er kind of Derai nature . or establ Impleyed (or	of ladustry Ishmeat in emplayer)	vising			(Duratie	in) yrs. mos
	PLACE te or count NAME OF FATHER	reale	rick M. Posle	nd	Contributory Secondary	In My Sze	mos.
2	OF FATH (State of MAIDEN	eountry) Theo	lerick	Co Mid	*State the CAUSES, state ( SUICIDAL OF HO	(I) "[ CANS OF INJURY: 8	or, in deaths from VIOLENT and (2) whether ACCIDENTAL,
Q. 13 g	OF MOTO	HER annu	Toppe	m	OR RECENT RESI	IDENTS)	LS, INSTITUTIONS, TRANSIEN
14 THE A			TOF MY KNOW!	EDGE	of deathyrs. Where was disease confirmed at place of deat Former or usual residence	tracted,	Stato,yre mes
		. 1	_/ 11	. /		IAL OR REMOVAL	DATE OF BURIAL
15	(Address)	Frederic	1) ///	y	Mr alm	ret	11/16 1912



[Approved by U. S. Census and American Public Health Association.]

is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Proceey; (a) Foreman. state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Serrant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered to Housethe duties of the household only (not paid Househeepers business or industry, and therefore an additional line write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa--('oal mine, etc. Women at home, who are enraged in For persons who have no occupation whatever, Never return (1) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Condraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Branchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of... cough; Chronic valvular heart disease; Chronic interstitial lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. birth or miscarriage as "Puenpenal scplichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-"PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childby railway train-accident; Revolver wound of (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," State cause for which FOR VIOLENT DEATHS "Atrophy," "Exhaustion," -probably



WRITE PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully supplied. AGE should be stated EXACTLY—PHYSIGHNS-should.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate.

RECORD

A PERMANENT

CAUSE OF I

ż



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ....

Firederick (No. 202, Will, Ave, St. 3 Ward)

[If death occurred la a hospital or institution,

FULL NAME Suesan C	of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White (Write the word)	(Stouth) (Day (Year)
O DATE OF BIRTH    Now   9   1839	that I lest sew her slive on October 30 , 1915.  and that death occurred on the date atsted above, st 3-30 %, m.  The CAUSE OF DEATH* was as follows:
(a) Trada, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employar)	Cardiae dilatation due to  Mithal insufficiency  about  (Duration) / yrs / O mos — ds
OF FATHER (State or country)  10 NAME OF FATHER CONTROL  11 BIRTHPLACE OF FATHER (State or country)  W (State or country)  12 MAIDEN NAME	(Signed) (Doration) yrs mos ds.  (Signed) (Signe
of Mother Deborah Thelips  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Carry Louing	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.  At place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence
(Address) 202. Dell Are  16 Filed 3 Mov., 1915 Cha. J. Mr. Canaday	19 PLACE OF BURIAL OR REMOVAL  ACT OLIVET, Bern Nov 3 , 1915  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an Physician, Compositor, Archilect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stalionary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ecr" is less definite; avoid use of "Tumor" for mallginjury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerpenal seplichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tctanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "Puerperal perilonilis," etc. State cause for ete., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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DEC. 6 1915